

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: <b>12/31/14</b>		Bureau/Station/Facility: <b>Compton Station</b>		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: <b>014-17104-2814-013</b>		Date: <b>12/31/14</b>		Time: <b>1624 hours</b>	
City or Station: <b>Compton</b>		Nature of Incident: <b>Deputies responded to a person with a gun call. The suspect was shot and killed when she pointed a handgun at her</b>			
Location: <b>West Compton Boulevard, Compton</b>					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance:		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy <b>16</b>		Total # of Shots Fired by Suspect <b>1</b>		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input checked="" type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol  Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>	
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	<b>Carter</b>	<b>Libira</b>	<b>R.</b>	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	<b>Lopez</b>	<b>Mark</b>	<b>A.</b>	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	<b>Barajas</b>	<b>Gilberto</b>	<b>A.</b>	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Work Ph		Home Ph			
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Work Ph		Home Ph			
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Work Ph		Home Ph			
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	<b>Lopez</b>	<b>Mark</b>	<b>A.</b>	<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	<b>Carter</b>	<b>Libira</b>	<b>R.</b>	<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Shackleford</b>	<b>Matthew</b>	<b>D.</b>		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Lucia</b>	<b>Anthony</b>	<b>M.</b>		

<b>PSTD Use Only</b>	
SH #	

Rollout Information					
Arrival Date		Arrival Time		Date Submitted	
12/31/14		1825 hours		07/03/17	
Date of Recommendation					
Employee #		Last Name	Valencia	First Name	Dominic
					M.I.
Employee #		Last Name	Adams	First Name	John
					M.I.
Employee #		Last Name	Smith	First Name	Jeff
					M.I.

### Shooting / Force Information

## Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

**Brand**

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

**Type of Injury**

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Caliber**

(9)	9 mm	(24)	.243 caliber	(41)	.410 guage
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 guage	(30)	.308 caliber	(45)	.45 caliber
(20)	20 guage	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)

[illegible]

# Officer Involved Shooting Involved Employee Information

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Involved Employee										
<b>E 1</b>	Employee #		Last Name			First Name		M.I.		
			Reynoso			Aaron				
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>DSB-1</b>	Unit Assignment: <b>Compton</b>		Work Assignment (Unit #, Module, etc.): <b>287D</b>				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>6</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age: <b>601</b>	Height: <b>230</b>								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit: <b>COM</b>		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: <b>Smith &amp; Wesson</b>		Caliber: <b>9mm</b>	# Shots: <b>4</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
<b>E 2</b>	Employee #		Last Name			First Name		M.I.		
			Ortiz			Jorge		J.		
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>DSG</b>	Unit Assignment: <b>Compton</b>		Work Assignment (Unit #, Module, etc.): <b>287D</b>				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>6</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors: <b>Deputy Ortiz was in his 4th month of at time of shooting,</b>			
	Age: <b>600</b>	Height: <b>176</b>								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: <b>Beretta 92F</b>		Caliber: <b>9mm</b>	# Shots: <b>2</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
<b>E 3</b>	Employee #		Last Name			First Name		M.I.		
			Valencia			Salvador				
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>DSG</b>	Unit Assignment: <b>Compton</b>		Work Assignment (Unit #, Module, etc.): <b>283T1</b>				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>7</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age: <b>505</b>	Height: <b>152</b>								
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit: <b>COM</b>		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: <b>Smith &amp; Wesson</b>		Caliber: <b>9mm</b>	# Shots: <b>10</b>	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

# Officer Involved Shooting Suspect Information

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Suspect Information										
S	Last Name				First Name				M.I.	
	Cornejo				Mayra				S.	
	AKA Last Name				First Name				M.I.	
	Sex: F		Race: H		Street Address:		City		State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age: 34		D.O.B. 06/12/80		Height: 502		Weight: 180		FBI #	
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input checked="" type="checkbox"/>		Coroner Case # 2014-08907		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make				Model:		Year:			
Chevrolet				Tahoe		2001				
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:		Race:		Street Address:		City		State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:		D.O.B.:		Height:		Weight:		FBI #	
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make				Model:		Year:			
	S	Last Name				First Name				M.I.
AKA Last Name				First Name				M.I.		
Sex:		Race:		Street Address:		City		State & Zip Code:		
Work Phone:		Home Phone:		Social Security #:		Driver's License #:				
Age:		D.O.B.:		Height:		Weight:		FBI #		
Booking #		Primary Charge:				Secondary Charge:				
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
Vehicle Make				Model:		Year:				
S		Last Name				First Name				M.I.
	AKA Last Name				First Name				M.I.	
	Sex:		Race:		Street Address:		City		State & Zip Code:	
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:		D.O.B.:		Height:		Weight:		FBI #	
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make				Model:		Year:			

## Los Angeles County Sheriff's Department

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### Non-Employee Witnesses

[illegible]

# SUPPLEMENTAL EMPLOYEE WITNESSES

## Los Angeles County Sheriff's Department

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### Employee Witnesses

Last Name	Martinez	First Name	Isidro	M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 605-6500	Home Ph

Last Name	Hoyos	First Name	Daniel	M.I.
Street Address	Marina del Rey Station	Zip Code	Work Ph (310) 482-6000	Home Ph

Last Name	Abbott	First Name	Roland	M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701	Home Ph

Last Name	Rangel	First Name	Luis	M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 605-6500	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name	Helbing	First Name	Russell	M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph

**Los Angeles County Sheriff's Department**

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### Non-Employee Witnesses

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